

Dear Applicant:

Enclosed is the Application for Expungement Eligibility Certificates requested. Please complete all of the steps so that our office may process your application. **Failure to properly complete one of the steps may cause your application to be rejected.**

1. Complete the top part of the application, listing all previous names used including married or maiden names.
2. Take the application to a law enforcement agency such as your city police department or county sheriff's office. Request that they print the four fingers of your right hand on the space provided. Make sure the law enforcement official who takes your fingerprints fills out the portion of the application labeled "OFFICIAL TAKING PRINTS." **NOTE:** The fingerprints may be taken at our office, Bureau of Criminal Identification, 3888 W 5400 South, Taylorsville, Utah.
3. **If you would like a copy of your Criminal History, the fee is \$10.00.** Select a method of payment by making a check mark in the appropriate box at the bottom of the application. Checks and money orders should be made payable to "Utah Bureau of Criminal Identification." To pay by credit card (Visa/Master Card), fill out the form on the third page of the application. Credit card number should include the three digit control number located on the back of the card on the signature line. Cash may be accepted in person only. **DO NOT SEND CASH IN THE MAIL. If you do not want a copy of your Criminal History, there is no charge to apply for expungement. When approved the cost for the Certificates of Eligibility is \$25.00 each.**
4. Print or type the name and address on the waiver where the correspondence is to be mailed for the expungement. Sign and date the waiver in the presence of a notary public. The waiver **MUST** be notarized or we will be unable to process the application. (The waiver is on the third page of the application.)
5. Mail the application, fee and waiver to our office for processing. Our mailing address is:
UTAH BUREAU OF CRIMINAL IDENTIFICATION
3888 W 5400 S
BOX 148280
SALT LAKE CITY UT 84114-8280
The expungement correspondence will be mailed to the address you indicate on the waiver.
6. You will be notified of eligibility, and steps required to receive an eligibility certificate within 30 working days from the time the application is received.

If you have any questions you may call from 8:00 am to 5:00 pm Monday-Friday **(801) 965-4966 or (801) 965-4759**. Or visit our website at **www.bci.utah.gov**.

*Juvenile offender information is **not** retained by the Bureau of Criminal Identification. Requests must be made directly to Juvenile Court.*

EXPUNGEMENT**REC. #** _____

State of Utah

Department of Public Safety · Bureau of Criminal Identification

APPLICATION FOR CRIMINAL HISTORY RECORD REVIEW

3888 West 5400 South, Box 148280, Salt Lake City, Utah 84114-8280

Telephone: (801) 965-4445

**WHEN FILLING OUT THIS APPLICATION TYPE OR PRINT**

Your application will not be processed unless all sections of this form are filled out completely.

☐ **CHECK BOX IF YOU WOULD LIKE TO APPLY FOR EXPUNGEMENT**

NAME: _____ DATE OF BIRTH _____

PREVIOUSLY USED NAME(S): (Maiden, etc.) _____

MAILING ADDRESS: _____
(Street/Box Number) (City) (State) (Zip)PHYSICAL ADDRESS: _____
(Street) (City) (State) (Zip)

HOME PHONE NUMBER: (_____) DAYTIME PHONE NUMBER: (_____) _____

SOCIAL SECURITY #: _____ DRIVER LICENSE # AND STATE _____ / _____

PHYSICAL DESCRIPTION: Height/_____ Weight/_____ Eye Color/_____ Sex/_____ Race/_____

I hereby make application to review my Utah Computerized Criminal History:

Signature of Applicant: _____ **Date:** _____**FINGERPRINT INSTRUCTIONS: (OFFICIAL TAKING PRINTS)** Confirm identity of applicant with identification that shows photo, signature and date of birth. Confirm ID with the information above, then list the type of ID used and the ID number in the space provided below. Fingerprint the four fingers of the applicant's right hand simultaneously in the box located in the lower right portion of this form.**APPLICANT IDENTIFICATION INFORMATION**

Type of identification used: _____

Identification Number: _____

Name on ID: _____

FINGERPRINTS**OFFICIAL TAKING PRINTS**Fingerprints taken by: _____
(PRINT NAME)

Date Printed: _____

Agency Name: _____ Badge # _____
(If applicable)**BUREAU USE ONLY**

AFIS Confirmation _____

SID# _____ R&F _____

There is no fee to apply for expungement unless you want a copy of your Criminal History Record; then there is a \$10.00 APPLICATION FEE. (Check appropriate box for payment.)☐ Cash will be accepted in person only (**DO NOT SEND CASH IN THE MAIL.**)☐ Check, Money Order or Cashier's Check (Payable to "Utah Bureau of Criminal Identification" in the amount of \$10.00)☐ Credit Card ☐ VISA **or** ☐ Master Card **Fill out form on next page to pay by credit card***Juvenile offender information is **not** retained by the Bureau of Criminal Identification. Requests must be made directly to Juvenile Court.*

Credit Card Number	* 3 Digit Control # (On back of card)	Expiration Date																							
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<p>PRINT NAME <i>as it appears on card</i>: _____</p> <p>TOTAL AMOUNT OF PURCHASE: \$ _____</p> <p>MAILING ADDRESS ON CREDIT CARD STATEMENT: _____</p> <p>_____</p> <p>Cardholder signature: _____ Date: _____</p>																									
<p>ONLY THE APPLICANT'S CREDIT CARD MAY BE ACCEPTED FOR PAYMENT. IF THE CREDIT CARD BEING USED FOR PAYMENT IS NOT ISSUED TO THE APPLICANT USE AN ALTERNATIVE METHOD OF PAYMENT.</p>																									

INSTRUCTIONS FOR WAIVER: The waiver is required when application is made by mail. Indicate the address you would like the criminal history record mailed to in the space provided on the waiver. Then, sign and date the waiver in the presence of a notary public.

***** W A I V E R *****

Date: _____

I hereby ask that the criminal history information requested be released and sent to:

Attn: _____

Address: _____

City/State/Zip: _____

And release the Utah State Bureau of Criminal Identification from any liability resulting from such request.

Signature of Applicant: _____

Subscribed and sworn to before me this

_____ day of _____, 20 _____

Signature of Notary Public: _____

Notary Public for the State of: _____